NTBHA
North Texas Behavioral Health Authority

Formulary

Antidepressants

<u>Tier 1</u> – No prior authorization (PA) required for these preferred generics.

1) Amoxapine (Asendin)
2) Amitriptyline (Elavil)
3) Bupropion (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
4) Citalopram (Celexa)
5) Desipramine (Norpramin)
6) Doxepin (Sinequan)
7) Duloxetine (Cymbalta)
8) Escitalopram (Lexapro)
9) Fluoxetine (Prozac)
10) Fluvoxemine (Luvox)
11) Imipramine (Tofranil)
12) Maprotiline (Ludiomil)
13) Mirtazapine (Remeron, Remeron SolTab)
14) Nefazodone (Serzone)
15) Nortriptyline (Pamelor, Aventyl)
16) Paroxetine (Paxil, Paxil CR)
17) Protriptyline (Vivactil)
18) Sertraline (Zoloft)
19) Trazodone (Desyrel)
20) Trimipramine (Surmontil)
21) Venlafaxine (Effexor, Effexor XR)

<u>Tier 2</u> – PA for a non-preferred generic must include clinical necessity based upon two (2) Tier 1 medication failed trials.

1) Desvenlafaxine (Pristiq, Khedezla)
2) Vilazodone (Viibryd)
3) Vortioxetine (Trintellix)
4) Olanzapine/Fluoxetine (Symbyax)

MAOIs

<u>Tier 1</u> – No prior authorization (PA) required for these preferred generics.

1) Phenelzine (Nardil)
2) Selegiline (Anipryl)

<u>Tier 2</u> – PA for a non-preferred generic must include clinical necessity based upon medication failed trial of a Tier 1 preferred generic.

1) Isocarboxazid (Marplan)
2) Tranylcypromine (Parnate)
3) Selegiline (Emsam patch)

NOTE: Brand name medications of every classification and tier require prior authorization with clinical justification based on failed trials of generics.

Formulary

Antipsychotics

<u>Tier 1</u> – No prior authorization (PA) required for these preferred generics.

1) Haloperidol (Haldol)
2) Clozapine (Clozaril, Fazaclo, Versacloz)
3) Fluphenazine (Prolixin)
4) Loxapine (Loxitane)
5) Olanzapine (Zyprexa, Zyprexa Zydis)
6) Perphenazine (Trilafon)
7) Quetiapine (Seroquel)
8) Quetiapine (Seroquel XR)
9) Risperidone (Risperdal, Risperdal M-Tab)
10) Thioridazine (Mellaril)
11) Thiothixene (Navane)
12) Trifluoperazine (Stelazine)
13) Fluphenazine Decanoate (Prolixin Decanoate)
14) Haloperidol Decanoate (Haldol Decanoate)
15) Aripiprazole (Abilify oral tablet)
16) Chlorpromazine (Thorazine)
17) Pimozide (Orap)
18) Ziprasidone (Geodon)
19) Paliperidone (Invega)

<u>Tier 2</u> – PA for a non-preferred generic must include clinical necessity based upon two (2) Tier 1 medication failed trials.

1) Aripiprazole (Abilify Discmelt)
2) Lurasidone (Latuda)

<u>Tier 3</u> – PA for a generic at this level requires evidence of two (2) Tier 1 medication failed trials AND one (1) Tier 2 medication failed trial.

1) Asenapine (Saphris)
2) Iloperidone (Fanapt)

<u>Tier 2 Injectables</u> – Preferred generic injectible requires PA with evidence of clinical necessity documenting why oral medications failed.

1) Risperidone injection (Risperdal Consta)

<u>Tier 3-Injectables/Inhalants/Other</u> – Non-preferred injectable/inhalant/other requires PA for generic with evidence of clinical necessity based upon failed Tier 2 preferred injectable medication.

1) Aripiprazole (Aristada, Abilify Maintena)
2) Brexpiprazole (Rexulti)
3) Droperidol (Inapsine)
4) Loxapine inhalant (Adasuve)
5) Paliperidone palmitate (Invega Sustenna, Invega Trinza)
6) Olanzapine Pamoate (Zyprexa Relprevv)

NOTE: Brand name medications of every classification and tier require prior authorization with clinical justification based on failed trials of generics.

Formulary

Mood Stabilizers

<u>Tier 1</u> – No prior authorization (PA) required for these preferred generics.

1) Carbamazepine (Tegretol, Tegretol XR, Carbatrol, Equetro)
2) Divalproex Sodium (Depakote, Depakote ER)
3) Generic Lithium
4) Valproic Acid (Depakene)
5) Lamotrigine (Lamictal)
6) Oxcarbazepine (Trileptal)

<u>Tier 2</u> – PA for a non-preferred generic requires clinical necessity based upon two (2) Tier 1 medication failed trials.

1) Name Brand Lithium (Eskalith/Lithobid)

Stimulants

<u>Tier 1</u> – Consumer must be under age 18 or still in secondary school. No prior authorization (PA) required for these preferred generics.

1) Amphetamine/Dextroamphetamine mixture (Adderall, Adderall XR)
2) Dextroamphetamine (Dexedrine)
3) Methylphenidate (Ritalin, Ritalin SR, Concerta, Metadate, Metadate CD)
4) Dexmethylphenidate (Focalin, Focalin XR)
   Lisdexamfetamine (Vyvanse)

<u>Tier 2</u> - Consumer must be under age 18 or still in secondary school. PA must include clinical necessity based upon a failed trial of a preferred generic.

1) Methylphenidate Patch (Daytrana)
2) Methylphenidate solution (Quillivent XR)

Substance Use Disorders

<u>Tier 1</u> - No prior authorization (PA) required for these preferred generics.

1) Naltrexone (ReVia)
2) Topiramate (Topamax)
3) Bupropion (Wellbutrin)
4) Nicotine Replacement (Transdermal, Gum, Lozenge)

<u>Tier 2</u> –PA required with clinical justification.

1) Varenicline (Chantix)

NOTE: Brand name medications of every classification and tier require prior authorization with clinical justification based on failed trials of generics.

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Anxiolytics/Insomnia

<u>Tier 1</u> – No prior authorization (PA) required for generics.

1) Buspirone (Buspar)
2) Diphenhydramine (Benadryl)
3) Hydroxyzine Pamoate (Vistaril)

<u>Tier 2-</u> These generic, controlled nonbenzodiazepine medications require PA with evidence of clinical necessity based upon failed preferred (Tier 1) and are limited to 30 days only.

1) Zaleplon (generic Sonata)
2) Zolpidem (generic Ambien)
3) Hydroxyzine HCL (Atarax)

<u>Tier 3</u> – PA required with evidence of clinical necessity based upon failed preferred Tier 2 generic.

1) Rozerem (name brand)
2) Lunesta/Eszopiclone (name brand and generic)
3) Sonata (name brand)

<u>Tier 2</u> – PA for these controlled benzodiazepine medications require a current UDS and are limited to 30 days only. If the patient requires taper, please indicate on PA form.

1) Alprazolam (Xanax, Xanax XR)
2) Chlordiazepoxide (Librium)
3) Clonazepam (Klonopin)
4) Clorazepate (Tranxene)
5) Diazepam (Valium)
6) Flurazepam (Dalmane)
7) Lorazepam (Ativan)
8) Oxazepam (Serax)
9) Temazepam (Restoril)
10) Triazolam (Halcion)

NOTE: Brand name medications of every classification and tier require prior authorization with clinical justification based on failed trials of generics.

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Miscellaneous Medication

<u>Tier 1</u> – No prior authorization (PA) required for these preferred generics.

1) Amantadine (Symmetrel)
2) Atenolol (Tenormin)
3) Benztropine (Cogentin)
4) Clonidine (Catapres)
5) Gabapentin (Neurontin)
6) Guanfacine (Tenex)
7) Metoprolol (Lopressor)
8) Metformin (Glucophage)
9) Propranolol (Inderal)
10) Trihexyphenidyl (Artane, Trihexane, Trihexy)
11) Prazosin (Minipress)
12) Levothyroxine (Synthroid)
13) Clonidine ER (Kapvay)
14) Guanfacine ER (Intuniv)
15) Atomoxetine (Strattera)
16) Clomipramine (Anafranil)

<u>Tier 2</u> – PA required with evidence of clinical necessity and failure of preferred medication.

1) Reserpine (Serpasil)
2) Pindolol (Visken)

NOTE: Brand name medications of every classification and tier require prior authorization with clinical justification based on failed trials of generics.